

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 JUL 21 AM 11:16

Office Use Only  
FEC STATE CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Wisconsin Medical Society Political Action Committee

ADDRESS (number and street)

330 E. Lakeside Street

☐ Check if different than previously reported. (ACC)

Madison

WI

53715

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548438

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY  
04 / 01 / 2014

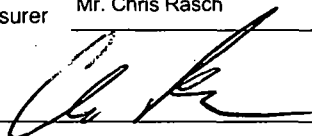
through

MM / DD / YYYY  
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Chris Rasch

Signature of Treasurer



Date

MM / DD / YYYY  
07 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Wisconsin Medical Society Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2014

To:

MM / DD / YYYY  
06 / 30 / 2014

## COLUMN A This Period

## COLUMN B Calendar Year-to-Date

6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2014</span>	\$0.00	\$0.00
(b) Cash on Hand at Beginning of Reporting Period.....	\$0.00	
(c) Total Receipts (from Line 19) .....	\$1,450.00	\$6,375.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$1,450.00	\$6,375.00
7. Total Disbursements (from Line 31) .....	\$1,450.00	\$6,375.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$0.00	\$0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	\$0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	\$0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: MM / DD / YYYY 04 / 01 / 2014 To: MM / DD / YYYY 06 / 30 / 2014

## **I. Receipts**

### **COLUMN A** Total This Period

### **COLUMN B** Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

\$1,450.00

\$6,375.00

(ii) Unitemized .....

\$0.00

\$0.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

\$1,450.00

\$6,375.00

(b) Political Party Committees .....

\$0.00

\$0.00

(c) Other Political Committees  
(such as PACs).....

\$0.00

\$0.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

\$1,450.00

\$6,375.00

12. Transfers From Affiliated/Other  
Party Committees.....

\$0.00

\$0.00

13. All Loans Received .....

\$0.00

\$0.00

14. Loan Repayments Received.....

\$0.00

\$0.00

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

\$0.00

\$0.00

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

\$0.00

\$0.00

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

\$0.00

\$0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

\$0.00

\$0.00

(b) Levin Funds (from Schedule H5) .....

\$0.00

\$0.00

(c) Total Transfers (add 18(a) and 18(b))..

\$0.00

\$0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$1,450.00

\$6,375.00

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

\$1,450.00

\$6,375.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	\$0.00	\$0.00
(ii) Non-Federal Share .....	\$0.00	\$0.00
(b) Other Federal Operating Expenditures .....	\$0.00	\$0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$0.00	\$0.00
22. Transfers to Affiliated/Other Party Committees .....	\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	\$1,450.00	\$6,375.00
24. Independent Expenditures (use Schedule E) .....	\$0.00	\$0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	\$0.00	\$0.00
26. Loan Repayments Made .....	\$0.00	\$0.00
27. Loans Made .....	\$0.00	\$0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	\$0.00	\$0.00
(b) Political Party Committees .....	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) .....	\$0.00	\$0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	\$0.00	\$0.00
29. Other Disbursements .....	\$0.00	\$0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	\$0.00	\$0.00
(ii) "Levin" Share .....	\$0.00	\$0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	\$0.00	\$0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	\$0.00	\$0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	\$1,450.00	\$6,375.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	\$1,450.00	\$6,375.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

\$1,450.00
\$0.00
\$1,450.00
\$0.00
\$0.00
\$0.00

\$6,375.00
\$0.00
\$6,375.00
\$0.00
\$0.00
\$0.00

10041127-2105

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 1 OF 3			
<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

<b>A. Yakub A Elias MD</b>		Date of Receipt
Full Name (Last, First, Middle Initial)		04 / 10 / 2014
Mailing Address		
1000 N Oak Ave		
City	State	Zip Code
Marshfield	WI	54449-5703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
		\$100.00
Name of Employer	Occupation	Earmarked for Ribble for Congress
Marshfield Clinic	Physician	
Receipt For:	Aggregate Year-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$100.00
<input type="checkbox"/> Other (specify) ▼		
<b>B. Dr. Kevin Thomas Flaherty</b>		Date of Receipt
Full Name (Last, First, Middle Initial)		04 / 10 / 2014
Mailing Address		
1206 Highland Park Blvd		
City	State	Zip Code
Wausau	WI	54403-5087
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
		\$500.00
Name of Employer	Occupation	Earmarked for Miller-Meeks for Congress
Eye Clinic of Wisconsin SC - Wausau	Physician	
Receipt For:	Aggregate Year-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$500.00
<input type="checkbox"/> Other (specify) ▼		
<b>C. Dr. Allan Bertram Levin</b>		Date of Receipt
Full Name (Last, First, Middle Initial)		04 / 24 / 2014
Mailing Address		
4585 Fox Bluff Lane		
City	State	Zip Code
Middleton	WI	53562-2327
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
		\$50.00
Name of Employer	Occupation	Earmarked for Pocan For Congress
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		\$50.00
<input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL of Receipts This Page (optional)</b>		\$650.00
<b>TOTAL This Period (last page this line number only)</b>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE	2 OF	3
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. David Michael Henneghan MD</b>		Date of Receipt 05 / 28 / 2014
Mailing Address 2111 Shadow View Circle		Amount of Each Receipt this Period \$500.00
City Plover	State WI	Zip Code 54467-2943
FEC ID number of contributing federal political committee. C		Earmarked for Duffy for Congress
Name of Employer Klasinski Clinic SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$500.00	
Full Name (Last, First, Middle Initial) <b>B. Dr. Paul A. Wertsch</b>		Date of Receipt 05 / 28 / 2014
Mailing Address 4221 Venetian Ln		Amount of Each Receipt this Period \$100.00
City Madison	State WI	Zip Code 53718-6655
FEC ID number of contributing federal political committee. C		Earmarked for Dr. Monica Wehby For U.S. Senate
Name of Employer Wildwood Family Clinic SC	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$300.00	
Full Name (Last, First, Middle Initial) <b>C. Dr. Laurence J. Verlinden</b>		Date of Receipt 06 / 02 / 2014
Mailing Address 3933 Indian Bluff Dr		Amount of Each Receipt this Period \$100.00
City Manitowoc	State WI	Zip Code 54220-3074
FEC ID number of contributing federal political committee. C		Earmarked for Leibham for Congress
Name of Employer HFM Internal Medicine	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$100.00	
SUBTOTAL of Receipts This Page (optional) .....		\$700.00
TOTAL This Period (last page this line number only) .....		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE	3 OF	3
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ms. Sherry Clarke</b>		Date of Receipt 06 / 26 / 2014
Mailing Address 9724 Rias Way		Amount of Each Receipt this Period \$50.00
City Austin	State TX	
Zip Code 78717-3998		Earmarked for Dr. Monica Wehby For U.S. Senate
FEC ID number of contributing federal political committee. C		
Name of Employer Ophthalmic Surgery of Wisconsin LTD	Occupation Director - AMA Alliance	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Rodney Wayne Malinowski</b>		Date of Receipt 06 / 26 / 2014
Mailing Address 900 Stonefield Cir #913		Amount of Each Receipt this Period \$50.00
City Mauston	State WI	
Zip Code 53948-1681		Earmarked for Ryan for Congress
FEC ID number of contributing federal political committee. C		
Name of Employer Mile Bluff Medical Center	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ \$50.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

\$100.00  
\$1,450.00

110304-127-2108



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

<b>A. Ribble for Congress</b> Mailing Address PO Box 7200 City Appleton State WI Zip Code 54912 Purpose of Disbursement Earmarked by Yakub Elias Candidate Name Reid Ribble Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 08		Date of Disbursement 04 / 10 / 2014 Amount of Each Disbursement this Period \$100.00 Earmarked by Yakub Elias
---	--	---

<b>B. Miller-Meeks for Congress</b> Mailing Address P.O. Box 1103 City Ottumwa State IA Zip Code 52501 Purpose of Disbursement Earmarked by Dr. Kevin Flaherty Candidate Name Dr. Marinette Miller Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00		Date of Disbursement 04 / 10 / 2014 Amount of Each Disbursement this Period \$500.00 Earmarked by Dr. Kevin Flaherty
--	--	--

<b>C. Pocan for Congress</b> Mailing Address PO Box 327 City Madison State WI Zip Code 53701 Purpose of Disbursement Earmarked by Dr. Allan Levin Candidate Name Mark Pocan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 02		Date of Disbursement 04 / 25 / 2014 Amount of Each Disbursement this Period \$50.00 Earmarked by Dr. Allan Levin
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SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

\$650.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Duffy for Congress

Mailing Address

P.O. Box 538

City

Wausau

State

WI

Zip Code

54402

Purpose of Disbursement

Earmarked by David Henneghan

Candidate Name

Sean Duffy

011

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

State: WI

District: 07

Date of Disbursement

05 / 28 / 2014

Amount of Each Disbursement this Period

\$500.00

Earmarked by David Henneghan

B. Dr. Monica Wehby For US Senate

Mailing Address

PO Box 3375

City

Portland

State

OR

Zip Code

97208

Purpose of Disbursement

Earmarked by Dr. Paul Wertsch

Candidate Name

Monica Wehby

011

Category/  
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

State: OR

District:

Date of Disbursement

05 / 28 / 2014

Amount of Each Disbursement this Period

\$100.00

Earmarked by Dr. Paul Wertsch

C. Leibham for Congress

Mailing Address

P.O. Box 941

City

Sheboygan

State

WI

Zip Code

53082

Purpose of Disbursement

Earmarked by Laurence Verlinden

Candidate Name

Joseph Leibham

011

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

State: WI

District: 00

Date of Disbursement

06 / 02 / 2014

Amount of Each Disbursement this Period

\$100.00

Earmarked by Laurence Verlinden

SUBTOTAL of Disbursements This Page (optional) .....

\$700.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ryan for Congress**

Mailing Address  
PO Box 1488

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement  
Earmarked by Rodney Malinowski

Candidate Name  
Paul Ryan

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

06 / 26 / 2014

Amount of Each Disbursement this Period

\$50.00

Earmarked by Rodney Malinowski

Full Name (Last, First, Middle Initial)

**B. Dr. Monica Wehby For US Senate**

Mailing Address  
PO Box 3375

City State Zip Code  
Portland OR 97208

Purpose of Disbursement  
Earmarked by Sherry Clarke

Candidate Name  
Monica Wehby

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

06 / 26 / 2014

Amount of Each Disbursement this Period

\$50.00

Earmarked by Sherry Clarke

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

\$100.00

TOTAL This Period (last page this line number only) .....

\$1,450.00

120301-127-2111

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC  
Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

=== Identification Section =====

Committee ID: C00548438  
Committee Name: Wisconsin Medical Society Political Action Committee  
Filing Type: F3XN  
From/Through: 20140401 - 20140630

Software/Ver#: Vocus PAC Management / Ver# 8.00.5825

=== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
=====	=====	=====
6A 2014		0.00
6B	0.00	
6C	1,450.00	6,375.00
6D	1,450.00	6,375.00
7	1,450.00	6,375.00
8	0.00	0.00
9	0.00	
10	0.00	
11Ai	1,450.00	6,375.00
11Aii	0.00	0.00
11Aiii	1,450.00	6,375.00
11B	0.00	0.00
11C	0.00	0.00
11D	1,450.00	6,375.00
12	0.00	0.00
13	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	0.00	0.00
17	0.00	0.00
18A	0.00	0.00
18B	0.00	0.00
18C	0.00	0.00
19	1,450.00	6,375.00
20	1,450.00	6,375.00
21Ai	0.00	0.00
21Aii	0.00	0.00
21B	0.00	0.00
21C	0.00	0.00
22	0.00	0.00

1  
4  
0  
3  
-  
1  
2  
7  
-  
2  
1  
1  
2

23	1,450.00	6,375.00
24	0.00	0.00
25	0.00	0.00
26	0.00	0.00
27	0.00	0.00
28A	0.00	0.00
28B	0.00	0.00
28C	0.00	0.00
28D	0.00	0.00
29	0.00	0.00
30Ai	0.00	0.00
30Aii	0.00	0.00
30B	0.00	0.00
30C	0.00	0.00
31	1,450.00	6,375.00
32	1,450.00	6,375.00
33	1,450.00	6,375.00
34	0.00	0.00
35	1,450.00	6,375.00
36	0.00	0.00
37	0.00	0.00
38	0.00	0.00

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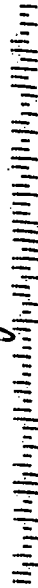
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